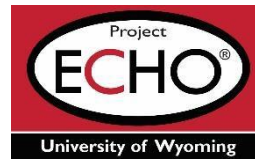




UW ECHO® in Geriatrics Network
University of Wyoming
WyCOA ECHO Clinics
Phone (307) 766-2829 | Fax (307) 766-2847



UW ECHO® in Geriatrics Network Case Presentation Form

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-case relationship between any UW ECHO in Geriatrics clinician and any person whose case is being presented in a Project ECHO® setting.

Complete ALL ITEMS on this form and fax to (307) 766-2847 or email to wycoa@uwyo.edu

\*When we receive your case, we will email or fax you a confidential Network ID number (ECHO ID) that must be utilized when identifying your person/case during clinic.

Date: \_\_\_\_\_ Case ID: \_\_\_\_\_

Case Presenter Name/Credentials, Organization, and Contact Info: \_\_\_\_\_

Case Information: Age: \_\_\_\_\_ Gender: \_\_\_\_\_ New Case (Y/N): \_\_\_\_\_ Follow-up Case? (Y/N) \_\_\_\_\_ ID # \_\_\_\_\_

WHAT IS THE MAIN QUESTION ABOUT THIS PERSON YOU WANT HELP WITH?

Empty box for main question

Please check all that apply:

- Symptom Management (Insomnia, paranoia, hallucinations wandering, anxiety, etc.)
Advanced Care Planning
Incontinence
Constipation
Determining the persons diagnosis
Agitation and/or aggression
Depression
Inappropriate Behavior
Dementia Specific Treatment options
Issues of ADLs and iADLs
Sensory loss
Pain
Sleep Problems
History of Falls
Other: \_\_\_\_\_

Additional information as related to your main question:

Empty box for additional information

**MEDICAL HISTORY**

**Fill in specifics if applicable:**

What are the most important active medical problems?

\_\_\_\_\_  
\_\_\_\_\_

List of medical problems/diagnoses currently being treated (can attach documentation):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or concerns about the individual’s current medical treatment?

\_\_\_\_\_  
\_\_\_\_\_

- Current substance use (Circle): ETOH Opioids Nicotine Caffeine Cannabis Other: \_\_\_\_\_ NONE
- Substance abuse history (Circle): ETOH Opioids Nicotine Caffeine Cannabis Other: \_\_\_\_\_ NONE

**What Matters: Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care. Please provide any of the following information you have at this time.**

**GOALS OF CARE/PAST LIFE ACTIVITIES/INTERESTS:**

- Goals of Care (What is important to the person/family?): \_\_\_\_\_  
\_\_\_\_\_
- Goals of Care (What is important to the Care Team?): \_\_\_\_\_  
\_\_\_\_\_
- Main past employment: \_\_\_\_\_
- Life Interests (hobbies, skills, talents): \_\_\_\_\_  
\_\_\_\_\_
- Family Conference Documented? Yes \_\_\_ No \_\_\_. Details \_\_\_\_\_  
\_\_\_\_\_
- Financial Concerns? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_. Details: \_\_\_\_\_

**Medication: If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care. Please provide any of the following information you have at this time.**

Current medications and therapies (may attach a list): \_\_\_\_\_  
\_\_\_\_\_

Do you have questions or concerns about current medications? \_\_\_\_\_  
\_\_\_\_\_

**Mentation: Prevent, identify, treat, and manage dementia, delirium, and depression across settings of care. Please provide any of the following information you have at this time.**

Cognitive Screening Exam Scores (circle one): Please attach findings if available

SLUMS\_\_\_\_ MMSE\_\_\_\_\_ MoCA\_\_\_\_\_ MINI-COG\_\_\_\_\_

Notes: \_\_\_\_\_

Neuropsychology Testing (may attach a report): \_\_\_\_\_

Pertinent Labs and Imaging (may attach a report): \_\_\_\_\_

Person's Decision-Making Capacity: Decisional \_\_\_\_ Not Decisional \_\_\_\_ Not Sure \_\_\_\_

\*For a non-decisional person, decisions are made by: \_\_\_\_\_

- Is your main concern about behavior or emotional symptoms? Yes/No (circle one)
- Has the person been diagnosed with any mental or cognitive disorder? Yes/No (circle one) If yes, what? \_\_\_\_\_
  - Is there a mental/behavioral specialist involved in the care? If so what discipline? \_\_\_\_\_
  - Describe the current concern: \_\_\_\_\_
  - Staff reactions to these situations: \_\_\_\_\_
  - What have you tried to address the problem (medications, behavioral interventions, staff training, etc.)? \_\_\_\_\_
- What was the result of the intervention(s)? Did it help address/resolve the problem? What did you learn? \_\_\_\_\_

**Mobility: Ensure that each older adult moves safely every day to maintain function and do What Matters. Please provide any of the following information you have at this time.**

- Please describe any issues with mobility and any adaptive equipment or measures: \_\_\_\_\_
- If falls are a concern, please describe any issues with mobility. \_\_\_\_\_

**REMINDER: You will have 20 minutes to present and discuss your case with the network.**

*Please note:*

- This case form/additional materials will be given to the Hub Team to review ahead of time. When presenting be brief, about a 5-10 minute summary, to allow discussion.
- UW ECHO® in Geriatrics Format:
  - 12:00pm-12:05pm: Introductions & welcome
  - 12:05pm-12:30pm: 25 minute community discussion
  - 12:30pm-12:55pm: 25 minute case presentation**
  - 12:55pm-1:00pm: Closing & evaluations

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